

MISSISSIPPI VITAL RECORDS
P.O. Box 1700
Jackson, MS 39215-1700

**APPLICATION FOR CERTIFIED COPY OF STATISTICAL RECORD OF MARRIAGE
INFORMATION**

1. Marriage records have been kept by state and county officials since January 1, 1926. From July 1, 1938, to December 31, 1941, records were kept only by the circuit court clerk in the county in which the marriage license was issued.
2. The fee for a search of the records and a certified copy is \$10.00. Additional copies ordered at the same time are \$2.00 each.
3. A five year search of our records will be made. If the record is not on file, a search fee of \$6.00 will be retained.

INSTRUCTIONS

1. Complete the required sections of this form. **PLEASE PRINT.**
2. The application must be signed.
3. **PAYMENT:**
Out-of-state: Remit a bank or postal money order or a bank cashier's check in the correct amount made payable to Mississippi State Department of Health.
Mississippi Resident: In addition to the above methods of payment, personal checks are acceptable if drawn on a Mississippi bank; make payable to Mississippi State Department of Health.

We accept no responsibility for cash sent through the mail. Request for adjustments or refunds will be honored only if received within six months of application.

4. Send completed application, appropriate fee and self-addressed stamped legal size envelope to the address at the top of this form.

INFORMATION ABOUT BRIDE AND GROOM WHOSE STATISTICAL RECORD OF MARRIAGE IS REQUESTED (Please Print)			
1. FULL NAME OF GROOM	FIRST NAME	MIDDLE NAME	LAST NAME
2. FULL NAME OF BRIDE	FIRST NAME	MIDDLE NAME	LAST NAME
3. DATE OF MARRIAGE	MONTH	DAY	YEAR
4. PLACE OF MARRIAGE	COUNTY	CITY OR TOWN	STATE
5. WHERE LICENSE WAS BOUGHT	COUNTY	CITY OR TOWN	STATE
PERSON REQUESTING CERTIFIED COPY			
6. PURPOSE FOR WHICH COPY IS TO BE USED			
7. RELATIONSHIP OR INTEREST OF PERSON REQUESTING CERTIFICATE			
8. FEE I AM ENCLOSING A FEE OF \$_____ FOR _____ CERTIFIED COPIES.			
9. SIGNATURE OF APPLICANT			10. DATE SIGNED

PRINT YOUR MAILING ADDRESS HERE

11.		Name
12.	APT. NO.	Street or Route
13.		City or Town State, ZIP code